SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse ☐ Addresse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: I No OCT 26 ZUID **BROMIDE MINING LLC** 80 SW 8TH ST STE 2000 **MIAMI FL 33130** 3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes BB 10-19-2015 51017/003/ 2. Article Number 014 0150 0000 1194 3361 (Transfer from service label) PS Form 3811, July 2013 Domestic Return Receipt

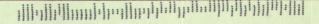
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PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047